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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Nævus. By GEORGE BUCHANAN, M.D., Professor of Clinical Surgery in the University of Glasgow.

GENTLEMEN: I wish to call your attention to-day to a group of allied cases, some of which have been before us this winter, and which are very common in practice. I allude to a morbid or abnormal condition of the vessels connecting the terminal arteries and the commencement of the veins in different regions of the body. The simplest way to introduce the matter will be to get a little patient presenting a well-marked example of one of these affections, and from the mother ascertain the history of the case, and, from its appearance, obtain a general knowledge of the outward character of the disease. The example we are about to study is a case of *nævus maternus*, the nature of which we shall proceed to investigate. The little child you now see is fourteen months old. When it was born, there was no mark on its face. Four weeks after birth, there appeared a little red spot on the right side of the face above the eyelid. That spot gradually spread down over the cheek and towards the ear till it invaded the whole of the right side of the cheek below the ear. It has spread forward towards the nose and

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upper lip, and has extended from the lower lip down along the neck as far as the sternum. At the spot where it first commenced, it appears that some caustic substance was applied, which produced suppuration at the part, the result of which is obvious at present in a cicatrix more or less pale on the site of the original spot. At different points over the surface are various cicatrized marks, the result of the application of this caustic substance; but in none of the places where suppuration has occurred is the colour entirely destroyed. The skin at the parts which are discoloured is elevated and puffy, and upon pressure becomes paler; but no amount of pressure restores the natural colour to the integument. Such is a short account, as obtained from the mother, of the history of the spread of nævus, and of what can be seen by the naked eye upon the examination of such a case.

It is well worth while for us to take up a short time in ascertaining the nature of this affection, and the different modes that can be adopted for its remedy; because it is one of those surgical affections that are exceedingly common, and one which almost every surgeon in active practice may at the outset undertake and probably cure, while there are many other examples of disease which it is out of the range of the ordinary practitioner to deal with.

In order to explain to you the nature of this and allied cases, it may be necessary for me to recall to your minds for a few minutes the normal connection between the extremities of the arteries and the extremities of the veins. In the diagram you see before you, this is made intelligible by the different colours of the vessels. You see on one side one series of vessels coloured red, which indicates the ultimate branches of the minute arteries; on the other part of the diagram, you will see a series of vessels coloured blue, which indicates the radicles of the veins. Now, the termination of the minute arteries in the human body occurs in two ways: first, by direct connection with other arteries; and, secondly, by communication with veins by intervening capillaries.

In the ordinary normal circulation of the body, the arteries may be very minute; but they communicate with the veins, rarely directly, but usually by means of minute vessels of a different character from either the arteries or veins to which the term capillary is applied. The capillaries vary in size, transmitting the blood by a stream which will admit on an average, of from four to five blood-globules. But, in certain parts of the body, there is a peculiar arrangement between these two classes of vessels, which will serve very well for the illustration of such a case as we have got here. In the tissues called erectile, as, for instance, the corpus cavernosum and corpus spongiosum penis, the communication between the arteries and veins is peculiar. Instead of the ordinary nearly equal-sized capillary plexus, there is a special arrangement of the termination of the arteries and veins which is worthy of attention. The minute arteries which carry the blood into the corpus cavernosum and corpus spongiosum are spiral or twisted, and, instead of communicating directly with the capillaries, enter into minute vessels, on which there are pouches or dilatations, into which the blood passes as in a whirlpool, and from which pouches it escapes either by the aperture of entrance or by another aperture. They are like Florence flasks, into the mouth of which a minute spiral vessel enters, and through which the blood, having whirled, passes away; the principle of the circulation being that, in the passage of the blood from the arterial duct to the venous duct, instead of passing through the intricate network of capillaries, which in other parts of the body tend to equalize the current of the blood, in this peculiar pouched circulation the tendency rather is to confine and complicate the flow of blood, to make it whirl as in a whirlpool through the tissue and pass out. In ordinary circumstances, the arrangement of the mouths of these pouches is such as to permit of this circulation taking place without any great interruption; but, in peculiar circumstances of nervous excitement, something happens to accelerate the flow of blood through the arteries, and to retard the flow of blood to the

veins, and in consequence an increased quantity of blood is thrown into the erectile tissues in question, and an interruption of the passage out of the blood takes place, the result of which is, that the blood is to a certain extent stagnated in the erectile tissue, whirled into these pouches, and, being partially arrested there, the tissue in which these pouches are becomes turgid, its whole substance becomes temporarily gorged with blood, and produces the phenomena of erection.

I have introduced this description to you, because it to a certain extent enables us to understand the difference between the skin on the healthy side of the child's face and the skin or integument on the unhealthy part of it. Nævus, which is an example of one of the varieties of aneurism by anastomosis, exists principally in the integument, but it may occur in the subcutaneous tissue; hence we have cutaneous and subcutaneous nævi. In a large number of instances, these two kinds of nævus are combined in the same example, as in the case before us; but, when we have two distinct specimens, the one cutaneous, the other subcutaneous, the characteristics are a little different. Cutaneous nævus exists as a red patch—a red spot upon the skin—and, as it very often is found immediately after birth or at birth, it is popularly called mother's mark. In the form of a red spot upon the skin, it may have no tendency to spread; it may remain a permanent patch of the size it was when the child was born, or it may tend to spread over the surface of the skin, as we see in the example before us. Subcutaneous nævus exists as a tumour, swelling, or protrusion of the integument. It produces a bluish tinge of the surface, and is soft, puffy, elastic, capable of being compressed and reduced in size by the emptying of the vessels, but returning to its original size when the pressure is taken away. This subcutaneous nævus exists in the tissue between the skin and the adjacent structures; in other words, underneath the cutis in the adipose tissue; and it is soft, yielding, and elastic, and the tumour may rise to a considerable extent. Now, in the case before us, you have a very well-marked specimen of the two kinds: nævus maternus proper, or patch upon the skin, combined with the subcutaneous projection or tumour caused by disease of the vessels of the subcutaneous tissues.

Let us for a moment or two attend to the first kind: the nævus maternus, or mother's mark. Very little explanation is necessary for it. It is simply an exaggeration of the capillary circulation; hence it is called capillary nævus. When circumscribed, as it very often is, within the circumference of the patch, the size of the capillary vessels is increased, and the consequence is that, instead of being pale pink, it becomes red in colour, slightly turgid, from the increased quantity of blood-corpuscles. It may, therefore, be described as a condition of the skin in which the capillary circulation is enormously exaggerated, and consequently the part becomes more swollen. Most commonly, it is congenital; but sometimes, as in the case we have just seen, it begins a few weeks after birth, and, when it begins after birth, its tendency to spread is greater than when the child is born with it.

If, therefore, you are called to see a child born with a nævus of small size, and if you notice that within the next few weeks there is no tendency to enlarge, you are not to be in any great hurry to deal with that spot. But, if the spot enlarge rapidly after birth, or if it make its appearance some time after birth and begin to enlarge, then is the time to attack the nævus maternus, if you wish to do it in an effectual way. A minute spot of nævus maternus, which is a very important thing, especially in the case of females, when it attacks, as it usually does, the head or face, can very often be satisfactorily treated at an early stage. There are a great number of ways of treating it.

If it be very small, a very useful way is by vaccination; by putting the vaccine vesicle upon it. The vaccine vesicle runs its course, and results in a cicatrix, which involves the whole tissue of the nævus maternus. The effect is, that what was a red mark becomes a pale cicatrix. If it be not larger than a finger-nail, then, by

applying a number of points of vaccine lymph round the circumference, and perhaps one or two in the centre, you include a large portion of it in the vaccine disease, and it frequently has the effect of obliterating the spot. Then the vaccine vesicle equally protects the child from smallpox, as if it were applied in other parts of the body; consequently you are, so to speak, killing two dogs with one stone. You will often fail, however. Conversing with general practitioners who undertake the treatment of this condition in the child, you will find almost every one of them say that, though they succeed in one or two cases by the adoption of this method, there are a great number of failures. And, in my own experience, I have been called on frequently to deal with cases of nævus which have been unsuccessfully vaccinated at an early stage; but I only bring this forward in order to prevent you being discouraged when you are unsuccessful with this mode of treatment. In a considerable proportion of cases, vaccination will serve the purpose of curing the disease; in others, it must be treated in another mode.

Another way of treating nævus, when of small size, is by introducing red-hot needles. The needle of the galvanic cautery will coagulate the blood, produce inflammation, and cause the destruction of the tumour and the obliteration of the spot. The point of a needle dipped in nitric acid, or in a concentrated solution of perchloride of iron, sometimes has the effect, all of these aiming at the same thing: coagulation of the blood in the skin or nævus.

These are examples of methods of treatment of the simple form of nævus maternus; but, when it comes to be a case of the other kind, which is the case that is most frequently dealt with in hospital, such a method of treatment is altogether unsuitable. Subcutaneous nævus or nævoid tumour, to which I refer, consists of a dilatation of the vessels of the venous side of the tumour; hence it is often called venous nævus. To understand my observations, recollect that a tumour of the nature of aneurism by anastomosis is found of two varieties, according as the venous side of the circulation or the arterial side is affected. I am disappointed in being unable to show you a patient whose presence I expected, a good example of the arterial variety of the tumour; but I may state that, when a subcutaneous tumour results from dilatation or enlargement of the arterial side of the circulation, it is called cirsoid aneurism. In that case, the tumor is semi-solid, pulsating, and presents many of the characteristics of aneurism. It most naturally occurs somewhere on the forehead or on the scalp in the inosculation between the temporal and occipital arteries. In the instance referred to, the tumour consisted of dilated arteries which, under the finger, felt serpentine, being compressible and soft, evidently from being thin in their coats. They have somewhat the character of veins, except that they are pulsating; hence the tumour into which they enter, being full of tortuous dilated vessels like varicose veins, is called cirsoid.

I shall devote the rest of the time to the consideration of the nature of venous subcutaneous nævus. This exists in the form of tumour, elastic, compressible; and, when we take the fingers and compress it, we can diminish its size by the force which we apply to it. When a tumour of this kind can be removed from the body, it is found in its interior structure to have a close resemblance to the corpus cavernosum or corpus spongiosum penis. It consists of two tissues—a quantity of fibrous tissue, which forms, as it were, the envelope of the tumour and the bloodvessels contained in the interior.

On a section of the tumour being made (such as I now make of the one removed three weeks ago), it is found to consist of a number of threads of fibrous tissue dividing the interior into a large number of spaces, which are not separate exactly one from the other, but communicate with each other. Among these threads or trabeculæ there pass a number of vessels connected with the arteries which enter the tumour on one side and the veins which leave the tumour on the opposite; and the vascular tissue in the interior is not composed of capillaries, but capillaries which have become enormously di-

lated, and in which gradually the walls of the dilatations have come to be adherent; and one very often finds that perforations have occurred between one of these dilated capillaries and the other; so that, instead of the blood passing from a series of vessels, it passes through a series of blood-spaces, which have resulted from the destruction of the walls of these dilated capillaries. Hence any injury to such a tumour containing blood lying in these blood-spaces must be a dangerous thing, and greatly to be feared.

Now, this nævus may occur in almost any part of the body; but I need scarcely say that the parts where it most naturally occurs are the most vascular; those parts where the communications between the vessels are most frequent; namely, the scalp, brow, and face, and generally the front part of the body, but not exclusively, for I have seen nævi upon the back, upon the thigh, and upon the buttock, and almost upon any part of the body you could name; but the vast majority of nævi occur upon the face and head, and consequently in places where the deformity is very great indeed. The tendency of these nævi frequently is to spread and involve more of the adjoining tissue. In the example we have before us, the spot made its appearance at the side of the eye, and gradually has extended to the other side of the face and down upon the neck as far as the breast. Such cases frequently occur; but there are others that extend and grow outwards, and are more dangerous, though not having so great a circumference.

With regard to the treatment of subcutaneous nævus, various methods may be adopted. It is to be remembered that in them the circulation is sluggish, as you would naturally suppose from the description I have given you of the condition of the vessels; but, when the tumour is injured, dangerous hemorrhage may ensue, and hence various plans have been proposed and put in execution for their removal, most of which I shall mention. The first plan has for its object to coagulate the blood in the tumour, and in consequence produce contraction and obliteration. There are many modes by which the blood existing in the tumour may be coagulated, the result of which would be consolidation and contraction of the tumour, and gradual absorption of the condensed tissues produced. One of the most common modes is by inflammation produced in the tumour by the introduction of a seton. The needle is threaded with cotton thread. The thread may be dipped in some acrid substance, and the tumour may be transfixed in several places and the string left in the interior. As I mentioned to you, the circulation is not very active, and it is some encouragement to you that the hemorrhage in such an operation is rarely worthy of notice. The thread left in the tumour produces a certain amount of inflammation, and that inflammation coagulates round the thread; and, if two or three threads are passed through, there will be two or three lines of coagulation, and so it spreads till the whole tumour is consolidated. If you do not succeed in the first instance, another series of threads may be passed through, and, in the end, the tumour will be consolidated. That method only applies to tumours of a comparatively limited extent. Another plan of dealing with nævus is by the application of caustic substances, especially when it is a combination of the two kinds of the disease, and when the tumour is of comparatively small size, and is upon the edge of the lip, the tip of the nose, the brow, or the cheek. The application of strong nitric acid on a piece of wood held against the spot for a considerable time has the effect of producing an eschar or slough. That slough may separate with a certain amount of inflammation; that inflammation coagulates the blood and gradually obliterates the tumour as before. The third plan is to produce coagulation in the interior by the introduction of the galvanic cautery, or a red-hot iron, if you like—the actual cautery. But the galvanic cautery is best, because it gives you a continually red-hot needle. It produces coagulation in the neighbourhood of the needle; the coagulation extends till the tumour is consolidated and obliteration takes place. Another plan is to introduce, by means of a

very fine syringe and hollow needle, a drop or two of perchloride of iron. Perchloride of iron is, of all salts of which we are aware, the one which most rapidly coagulates the blood; hence, when we have hemorrhage from a wound in which we cannot get the bloodvessels tied, we take a small bit of perchloride of iron, or take a piece of lint and dip it in a solution of perchloride of iron, and it will coagulate the blood at once. A few drops of this fluid introduced in subcutaneous nævus will coagulate the blood, and produce consolidation and obliteration as before. Take care, however, that you never employ this form of treatment of nævus in the neighbourhood of a large vein, such as a nævus situated at the lower part of the neck, which is a rare thing, or a nævus near the circumference of the orbit, because a portion of the blood coagulated by the introduction of this fluid may become detached, and may form what is called embolus, or a floating clot, and may get into the circulation of the blood and float away nobody knows where; and may continue floating on until it produces a plug, which may interrupt the circulation of the vessels and produce serious consequences. I knew a case in which a few drops of perchloride of iron were introduced into a subcutaneous nævus on the eyelid of a young child. I was not present, but the description of the result was to me appalling. The child was brought alive, and looking well on its mother's knee. A drop of perchloride of iron was introduced, and in two minutes it was dead, just as if shot through the head with a pistol. A particle or portion of the coagulated blood had entered into the ophthalmic vein, and had gone back and got plugged in some part of the venous circulation at the base of the brain, or orbit. Congestion or stagnation of the blood had taken place, and the result was fatal. Such are the principal plans that may be adopted to produce consolidation.

When the tumour is too large, or when it has resisted all these plans—and you will frequently find examples where these plans are not capable of being performed, or where, having been tried, they have proved ineffectual—there are other two methods by which a tumour may be removed. There is, first, by ligature. Ligature is applicable to nævus when it is circumscribed; when you can, without difficulty, pass a needle under the base of the tumour. The needle is armed with a piece of string, then the string is passed beyond the edge of the tumour, brought underneath its base, and made to emerge beyond its base on the opposite side. The tumour is again transfixed at right angles to the former direction, and a double ligature is brought through underneath the tumour. We have thus two ligatures passing underneath the tumour in one direction, and two passing through in the opposite direction. Next, the ligatures are tied together, and then the whole is constricted and tied together by the free ends. Thus the whole of the base of the tumour is circumscribed, and strangulation takes place by the string passing round the base of the tumour. If the surgeon be not satisfied with the result of the strangulation, he can put another ligature round the base on the outside. If the skin be affected, the tumour is transfixed without any previous operation; but, if it be subcutaneous, and the skin comparatively unaffected, it may be saved by dissecting back four flaps, and the tumour may be transfixed as before. That, until very recent times, has been the general plan of treatment, and it is often effective; but it always involves a certain amount of doubt as to the surgeon having got to the bottom of the tumour, and it also involves a long and troublesome process of sloughing and separation; consequently, of late years, we have begun to adopt—and I have seen very few cases in which it cannot be adopted—the method of excision; and it seems to me that we are coming to use this method of dealing with vascular tumours a great deal more freely than formerly. When I was a student, I used to be much afraid of a great number of things we do now with the utmost confidence. When I was a student, nobody would have ventured to have put a ligature on a vein, for fear of the vein becoming inflamed. Nowadays, we never allow a patient to leave the

operating-table after amputation when any tendency to bleeding exists, without securing the veins, so that hemorrhage may be completely arrested. Nævus was for a long time treated by ligature or consolidation, in consequence of the fear entertained of adopting incision upon these tumours; but I need not do more than refer you to the case brought before you the other day, in which I performed an operation, which I told you at the time looked almost appalling, but which, in consequence of the arrangement of which I am going to speak, was performed with comparatively little difficulty and very little hemorrhage. These nævi, when circumscribed, are more or less incapsulated. This capsule consists of the very tissue which permeates throughout the interior. While there is no well-defined capsule in which it lies during the progress of its growth, the tissue gradually becomes so condensed, that it forms itself into a capsule; hence, if you adopt the plan suggested by John Bell, which is the principle that must guide us in dealing with these tumours—namely, never to cut into it, but to cut it out—you can deal with almost any tumour. Apply the knife in such a way as to cut the tissue exterior to the tumour, and by your incision take out the tumour entire. Do not spare it; do not leave a single bit of it; cut on the exterior of it, and lift it out with its capsule, as you saw this one, which was removed about a week ago from the child I am going to show you, and you will be perfectly certain that you have got beyond the tumour, with no danger of bleeding. You thus remove the whole of the tumour, and the only thing you have got to do is to deal with the vessels entering into it from the outside; and the number of vessels entering into one of these tumours is not so great as you would expect; consequently, when you saw the tumour removed the other day, we had only to deal with the mouth of the facial vein and that of the facial artery and one or two small ones that exist in any child's face. As in the operation by ligature, it is of vast importance, for the sake of the appearance of the child afterwards, to save the skin. For this purpose, you must make the incision upon the surface of the tumour in such a way as to enable you to dissect off any portion of the unaffected skin. If the surface of the skin be entirely healthy—I mean if the integument over the subcutaneous tumour be altogether healthy—you may apply your cuts in such a way as is most suitable to the situation; but, in the case I had to deal with, and the result of which I shall show you, a portion of the skin was affected as well as the subcutaneous tissue. You must have been surprised to see the irregularity of the incision made over the surface of the tumour to save the pieces of the sound skin. And, when the operation was completed and the parts readjusted, it was matter of surprise to myself how the pieces of skin dissected back served the purpose of covering the wound upon the child's face after the enormous excision was made. When you save as much of the unaffected skin as possible, leave it comparatively loose, and, after granulation of the surface, the skin will gradually flap back into its place and unite in a way that will be perfectly surprising.

(Child brought in.) This child had an enormous nævus, extending from the edge of the eyelid down to the angle of the mouth, and protruding to a great extent. In the centre of the tumour, there was a cutaneous nævus about the size of a crown; and, at the inside next the nose, there was another cutaneous nævus about the size of a shilling. An incision was made, as you saw, in such a way as to save the skin covering the eyelid, and another so as to save the lower half of it. These flaps were turned back, and the whole cheek was exposed. This tumour (on the table), with the inclosed nævi, now blanched by being preserved in spirit, was cut out of the cheek, leaving those small flaps on the face. This was done three weeks ago, and we now find that, although there is a considerable amount of œdema, there is sufficient skin left to cover the surface. Within three weeks of an operation, of course it is impossible to speak as to the ultimate result; but, in the mean time, the child has recovered from the effects of the

operation in a way that is very gratifying.

The whole front of the face between the eye and the mouth, which was exposed, is now healing up; cicatrization has taken place at a certain point, and is rapidly proceeding at others. In the mean time, it appears to you swollen. That depends upon the œdema upon the eyelid, near the nose, which will very much diminish. I believe that the child will recover, and that the tumour will altogether disappear, with an amount of disfigurement in the face exceptionally small.

The operation must have appeared to you a very painful proceeding, and it was one which I undertook with a very great deal of anxiety, in consequence of the great extent of the incision to be made, and the amount of tissue to be removed; yet I did it with very great confidence, in consequence of an operation which I performed two or three years ago. I expected to have had the child here, but I have been disappointed, its parents having left the city for Fife. That tumour was greatly larger than the one now before you, and it was much more tronblesome, as it involved not only the skin and the subcutaneous tissues, but the mucous membrane of the mouth. It extended from the angle of the eye down to the nostril and into the mouth; in fact involving the whole of one side of the cheek, from the integument into the mucous membrane, and presenting a case almost intractable. The child was in great danger; otherwise it was a healthy child, and, on account of the disfigurement, it was impossible to deal with the case in any other way. I performed the operation accordingly, and removed the whole of the cheek by introducing the *écraseur* at the superior angle, and by putting pins through the cheek beyond the limits of the tumour on both sides, the whole cheek involving the affected tissue was removed by a sort of A-shaped section made by the *écraseur*, which I used instead of the knife, on account of the amount of hemorrhage which I feared would take place. When the operation was completed, the gap was something frightful to look at; but, with a little stretching, we succeeded in bringing the two sides together. The operation being performed by the *écraseur*, it produced a rough edge, rather than a clear incision. But, the patient being a growing child, in which the circulation is active, adhesion took place, and it was dismissed from the infirmary when the edges of the wound united, though I must say its appearance was far from attractive. Last year, I had occasion to perform an operation upon a man in one of the suburbs of Glasgow, and, after it was completed, a person in the house said, "Do you know that child?" (pointing to a child about four years of age). I said "No." I was then asked to look at it a little better. I did so, and said, "Some operation has been performed upon it; has it had a bad hare-lip?" The mother said, "No; that is the child from which you cut the tumour two years ago." From the growth of the child, the parts had become adapted to one another, and, every trace of the nævus being removed, the parts had accommodated themselves in such a way, that the deformity was almost entirely removed. There was little more mark upon the child's face than results from an extreme form of hare-lip. As this child you have just seen is only nine months old, if it recover, as it likely will, and be spared for two or three years, the probability is that, if you saw it again, you would find that the parts were nearly restored, and you would hardly be able to recognize it as the child on whom the fearful operation was performed.—*British Med. Journal*, June 26, 1875.

HOSPITAL NOTES AND GLEANINGS.

Case of Cæsarean Section.—Cases of Cæsarean section are rare, and the modern improvements by which delivery is facilitated without recourse to this last resort of the accoucheur have rendered the instances which call for the operation so few, that its performance is always an occasion of painful interest. In the following case no other proceeding was open. Although in some respects the case was favourable, and although the operation was performed with skill,

the mother died. The child, however, still survives; and there is, we believe, a good prospect that its life may be preserved.

Jane B., aged 38, married, was admitted into Queen Charlotte's Lying-in Hospital on April 26th. She had been under the observation of Dr. Sloman of Farnham, by whom she was sent into the hospital. She stated that she was a native of London, being born near Holborn; that she had been delicate from birth, always subject to chronic bronchial catarrh and gastric disturbance. During the last five years, she had lived in the country, during which time her health had much improved. She had intercourse on July 29th last, quickened a fortnight before Christmas, and married shortly after Christmas. She believed that she became pregnant in July. Gestation was normal, with the exception of slight increase of gastric disturbance, coupled with much sleeplessness. Her parents were healthy; two brothers and one sister were living, healthy and well formed. She was the last but three of eleven children; those younger than herself died at early ages. None of the family were deformed.

When admitted, she presented a worn attenuated appearance; her height was forty-two inches and a half; her head was large; the lower third of the spine was sharply curved forward; the mammæ were large; the chest was of fair size, but deformed; the spine was, as it were, driven in. Her arms were small; her hands large; her thighs straight; the legs were much curved anteriorly, being bent like the letter S. External measurement of the pelvis by callipers gave eight inches from one anterior superior spinous process of the ilium to the other, and from the sacrum to the pubes four inches and a half. A vaginal examination showed the conjugate diameter to be one inch and five-eighths. The pelvis was oblique, the left side being less developed than the right, with the right wing of the ilium much bent in. The depth of the pelvis was slight, but the cavity was roomy. The axis of the inlet was nearly at right angles with the perpendicular line of the patient's body. The breech was found by external palpation to be presenting. She was examined by Drs. Brodie, Hope, and Greenhalgh. On account of the peculiar direction of the axis of the inlet, it was thought impossible to attempt craniotomy with any chance of success; Cæsarean section was, therefore, decided upon.

The operation was to have been performed on April 30th; but, labour having set in prematurely on the morning of the 29th, at eleven o'clock, the operation had to be hastened, and was performed at 5.50 P. M., on the latter day. The membranes ruptured at one o'clock. At 5 P. M., the os was two-thirds dilated; the breech could be felt high up; the pains were strong and frequent. There were no signs of the breech entering the brim. Pulse 130. Temperature normal. The vagina was cool and moist. The patient was placed under methylene by Dr. Gordon; and, in the presence of Sir William Fergusson, Mr. Spencer Wells, Drs. Brodie and Waters, and Professors Simpson, of Edinburgh, Helmholtz of Stockholm, Netzel of Christiania, and Stoltz of Nancy, Dr. Grigg made an incision beginning at two inches and a half above the umbilicus, and extending to within one inch and a half of the pubes. The various structures were carefully divided. On opening the peritoneal sac, about a pint of serous fluid escaped. The bladder reached to within an inch and a half of the umbilicus; and some care was required to avoid cutting it. The uterus was opened by an incision commencing about the middle of the body of the organ, and extending in a direct line downwards to within two inches of the external os. The fœtus, whose back was foremost, was rapidly and easily extracted, as was also the placenta, which was seated at the fundus and posteriorly, with only slight hemorrhage, the uterus contracting firmly. The bleeding was not much throughout. In dividing the cervix, a large vessel was cut through, which bled for the moment freely. A continuous silken suture was placed in the uterine wound, the end being passed down through the vagina; it was not tied at either end. This was a plan recom-

mended by Mr. Spencer Wells, and the suture was placed in by himself. The abdominal walls were brought together by interrupted silken sutures. The patient rallied, and did very well up to 2 P. M. on the following day, when she suddenly became hot and then cold; was delirious at 4.30; and died collapsed at 8.50 the same evening. She, however, kept nothing upon her stomach from the time of the operation. The child, a boy weighing over six pounds, is living.

At the *post-mortem* examination, the measurements of the pelvis were verified, and were found to correspond exactly with those made out during life. The upper third of the abdominal wound had healed; the uterine wound was patulous, and the thread suture had worked out of the upper half. There were very slight signs of peritonitis in the immediate neighbourhood of the wound. The cavity of the uterus and the uterine wound were bathed with some turbid fluid which escaped externally on dividing the abdominal sutures. The abdominal wound measured four inches, and the uterus the same. The apex of the incision was three inches from the apex of the fundus, and one inch and three-fourths from the external os.—*Brit. Med. Journ.*, May 8, 1875.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Accidental Opium Poisoning; Novel Stomach-pump employed; Recovery. By P. O'Connell, M.D., Chicago, Illinois.

O. O'H., aged 59 years, having suffered much during two days from pain in the epigastric region of a colicky character, with nausea, was ordered a mixture of tincture of opium, dilute hydrocyanic acid, and mucilage. Each teaspoonful contained half a drachm of laudanum, and three and a half minims of prussic acid. Instead of getting a teaspoonful of this mixture he got *a tablespoonful* by mistake. Here were eight grains of opium in a fluid form, taken at once. Before the expiration of an hour "he was so sleepy that he could not talk to us or keep awake." In four and a half hours after taking this huge dose, the writer saw the patient. He was completely narcotized; perfectly insensible; with difficult and very noisy respiration. The upper and lower extremities were as relaxed and flaccid as if he were fully anæsthetized. The respirations numbered about ten per minute. The skin was dry and cool; pulse slow and full; pupils contracted almost to a pin's point; conjunctiva insensible to the touch; mouth open with dry and livid tongue; the face was cyanotic.

Every effort to rouse him proved unavailing. The only sign of sensation or voluntary motion manifested by him was his closing the teeth firmly upon any object placed between them. He made no attempt to swallow coffee placed in his mouth, and fearing it might find its way into the trachea, I desisted. No stomach pump was at hand, neither could one be procured. A No. 8 gum-elastic male catheter and a syringe for washing out the bladder were the only things available. With these I pumped a pint of very strong, warm coffee into his stomach. In half an hour the stertor ceased. Then another pint of coffee was administered in the same way, and I waited another half hour. At the end of that time respiration was comparatively easy. The respirations now numbered seventeen per minute. During the four days previous he had a cold; there was a loud rattle in the throat. On auscultating the chest, mucous râles were most distinctly audible. These, I judged, were caused by mucus sucked in from the pharynx and trachea during his laboured efforts at inspiration. To get rid of this dangerous accumulation of mucus in the smaller bronchi was now the problem. Sulphate of zinc offered the best prospect of success. Accordingly thirty grains, dissolved in a pint of tepid water, were forced into the stomach through the catheter, but failed to produce emesis. At the expiration of twenty minutes thirty grains more in a quart of tepid water were thrown in. Prompt and abundant vomiting followed, while from one and a half to two fluidounces of mucus, in distinct pledgets, came up leaving his respiration natural. The straining, in vomiting, partially roused the patient. Finally, a third pint of coffee was pumped in. In twenty minutes after getting his third

dose of coffee the man spoke. No further difficulty was experienced in keeping him awake, or in giving coffee without the medium of the catheter.

CHICAGO, July 1st, 1875.

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Belladonna in Membranous Croup. By S. F. GILBERT, M.D., of Northumberland Co., Pa.

Having used belladonna for some time, and in quite a number of cases with very gratifying results, and not having seen any recommendation of the remedy in this disease, it may be useful to put upon record a brief notice of some of my cases.

I first employed it hoping that it might prevent the further exudation of false membrane from its drying effect upon the mucous surface of the fauces and respiratory tract, and which has thus far been confirmed.

Case 1. J. S., æt. 18 months, was irritable and feverish on December 12th, with croupy cough and dyspnœa during night, which increased so that by the evening of 13th it was very severe, at which time I was called to see him. He was in great distress, his breathing very difficult, temperature high, pulse 160, croupous exudation on fauces. Gave an emetic of alum; when emesis had occurred, gave fld. ext. belladonnæ, gtt. j; tr. aconite, gtt. j; tr. digitalis, gtt. v; spt. etheris nit. gtt. x, which was followed by sleep in about 20 minutes, with less difficulty in breathing. Then the following preparation was left: fld. ext. belladonnæ, gtt. iv; tr. aconite, gtt. viij; tr. digitalis, gtt. xl; spt. ether. nit. gtt. lxxx, with seven teaspoonfuls of water, one teaspoonful to be given every four hours; intermediate, tr. ferri chlor. gtt. v, were given in water; also left a reserve of fld. ext. belladonnæ to be given if difficulty of breathing increased, which was, however, not needed.

When I next saw him, 24 hours after, all the symptoms had abated, and the boy was apparently convalescent; treatment continued with longer intervals between doses; recovery from this on, rapid.

Case 2. Clarie H., æt. 16 months, attacked Dec. 17th; treatment similar; recovery slower; general health more delicate.

Case 3. Lydia S., æt. 2 years, attacked Dec. 27th; treatment similar, only no emetic was given at first. In this case recovery was rapid, but three days later was followed by an attack of acute bronchitis. The three days referred to were after I had discontinued my attendance for croup.

Case 4. Master H., æt. 14 months. This boy expelled a large piece of false membrane from trachea, so large that it almost strangled him, after which belladonnæ was given; other treatment similar as in preceding cases; no emetic was given; convalescence was more protracted. To be of benefit, the belladonna must be given in doses sufficient to produce dryness of the throat, and this effect maintained until the disease yields, at the same time great care is necessary to prevent the toxic effects of the remedy.

DOMESTIC INTELLIGENCE.

Nitrite of Amyl in Sea-sickness.—Dr. CROCHLEY CLAPHAM recommends (*Western Lancet*, June, 1875) the inhalation of three drops of the nitrite of amyl as a remedy for sea-sickness. The patient, he says, must be confined to the recumbent position, and the inhalation made rapidly without much admixture of atmospheric air. He allows patients to vomit once before applying the remedy. The salutary action of the drug lasts for twenty-four hours, when it may be repeated if necessary.

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The International Congress of Ophthalmology will meet in New York City on Tuesday, September 12, 1876, at twelve o'clock, noon. The following extracts from the rules of the Congress will give an idea of the general character of the society, and of the terms of membership:—

"1. The object of the International Periodic Congress of Ophthalmology is to promote ophthalmological science, and to serve as a centre to those who cultivate it. It will entertain no discussion foreign to this object.

"2. The number of members is unlimited.

"8. Every member must be either a doctor of medicine, or of surgery, or of science, or possess some other equivalent degree, or be distinguished for his scientific knowledge.

"4. Candidates for admission into the society shall be admitted on presentation of their diploma or of their scientific title, unless ten members demand a ballot.

"5. The sessions of the society shall take place every fourth year, and be limited to ten days."

"11. The society gives no diploma. Before the opening of each session a card available for admission to all the meetings, and signed by the President and Secretary, shall be given to each member on payment of his subscription (fixed at $2), and upon signature of his name on the register of those attending the meeting."

Among the members of this Congress are such men as Arlt and Stellwag, of Vienna: Giraud-Teulon, Javal, and Weeker, of Paris; Helmholtz, of Berlin; William Bowman, George Critchett, R. Liebreich, J. W. Hulke, and Soelberg Wells, of London; Donders and Snellen, of Utrecht, Holland.

It is hoped that many of them will come to New York in 1876. The committee are making all efforts to secure a large attendance, and one that will leave its mark upon the progress of scientific ophthalmology. The co-operation of the profession of the United States in securing these objects is earnestly desired by the undersigned, the Provisional Committee, appointed in London in 1872.

CORNELIUS R. AGNEW, M.D.,
HENRY D. NOYES, M.D.,
DANIEL B. ST. JOHN ROOSA, M.D.

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Physical Culture in Amherst College.—We have received the address delivered by Dr. NATHAN ALLEN, at the meeting of the Alumni of this College, July 7th last, on this subject. He claims that great benefits have resulted from the establishment, in 1859, of a department of physical culture and hygiene in the above-named college.

"In recounting its advantages," he says, "I might refer you to the great contrast between the health of students now and twenty or thirty years ago; that very few now break down in health compared with what once did; that for years there has been much less sickness and mortality in college than formerly; that the average health of each class is found to improve from year to year, so that when they come to graduate, instead of appearing with pale faces, picked features, and lean, lank forms, we see students graduating with countenances glowing with health, possessing strong muscles, and a large amount of vitality laid up in store to meet the battles of life."

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Alumni Society of the Auxiliary Department of the University of Pennsylvania.—The graduates of this department have organized an Alumni Society, and elected the following officers: *President*, Dr. R. G. Curtin; *Vice-President*, Dr. De Forrest Willard; *Corresponding Secretary*, Dr. E. L. Evans; *Recording Secretary*, Dr. C. K. Mills; *Treasurer*, Dr. I. Guitéras.

At the first annual meeting, January 24, 1875, it was resolved to institute a "*George B. Wood*" prize of fifty dollars to the graduate who shall pass the best examination and present the best thesis embodying original investigation.

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Harvard Medical School.—At the annual commencement, held on the 30th of June last, the degree of M.D. was conferred on thirty candidates.

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Medical Department, University of Virginia.—At the commencement, held on the 1st of July last, the degree of M.D. was conferred on twenty-one candidates.

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Tennessee State Medical Society.—This Society held its annual meeting in Nashville, in April. The following officers were elected for the ensuing year. President, J. H. Van Derman, M.D., of Chattanooga; Vice-Presidents, P. D. Sims, M.D., of Chattanooga; J. J. Abernathy, M.D., of Pulaski, and P. F. Evan, M.D., of Union City; Secretary and Treasurer, J. D. Plunket, M.D., of Nashville.

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New Hampshire Medical Society.—The annual meeting of this Society was held at Concord on 15th June. The President,

Dr. Nahun Wight, of Gilmanton, in the Chair.

The following officers were elected for the ensuing year. President, S. M. Whiffle, M.D., of New London; Vice-President, Prof. A. B. Crosby; Secretary, Dr. G. P. Conn, of Concord; Treasurer, Dr. Thomas Wheat, of Manchester.

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Michigan State Medical Society.—The annual meeting of this Society was held in Detroit in June. Dr. R. C. Redzie, of Lansing, President, in the chair.

The following officers were elected for the ensuing year. President, Dr. Wm. Brodie, of Detroit; Vice-Presidents, Drs. James A. Brown, of Detroit; G. C. Frothingham, of Ann Arbor; H. B. Shank, of Lansing, and C. W. Backus, of Three Rivers; Secretary, Dr. Geo. E. Ranney, of Lansing; Treasurer, Dr. Gordon Chittock, of Jackson.

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Philadelphia School of Anatomy.—Dr. Wm. W. Keen has published a very interesting history of this school and its relations to medical teaching, a lecture delivered March 1, 1875, at the dissolution of the institution. This school was opened in March, 1820, by Dr. J. V. O'B. Lawrence, and successively passed into the hands of Drs. J. D. Godman, James Webster, Jos. Pancoast, Justus Dunot, Jas. McClintock, J. M. Allen, William R. Grant, D. Hayes Agnew, J. E. Garrettson, J. P. Andrews, and in 1866 of Dr. Keen, who continued it until last spring, when the building which had been purchased for public purposes was demolished. Various other teachers also gave special courses in the building, and important physiological investigations were carried on there. To complete the history of this school, Dr. Keen gives a notice of the teachers who were at different times associated with it, and shows how many of those who received instruction therein have arrived at great eminence in the profession. The lecture will well repay perusal.

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Convictions for procuring Abortion.—Dr. A. Gibson Mahon, convicted of criminal malpractice in producing abortion and causing thereby the death of a woman, has been sentenced to pay a fine of five hundred dollars and undergo an imprisonment of seven years in the Eastern Penitentiary, Philadelphia.

Dr. F. E. Perpente, convicted April 2d last of being an accessory after the fact to the crime of abortion, has been sentenced to an imprisonment of one year from the date of conviction.

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Obituary Record.—Died in Louisville June 13, 1875, in the sixty-fourth year of his age, Lewis Rogers, M.D., a leading practitioner and distinguished teacher of that city.

FOREIGN INTELLIGENCE.

Hæmatoxylum in Alkalinity of the Urine.—Last year Mr. Cotton published in the *Lyon Médicale*, a communication relative to the antiseptic qualities of this substance. According to him, fermentation cannot take place in an infusion of the wood; and if a few chips are placed in decomposing urine its odour is removed. With the object of ascertaining whether this action could take place in the animal economy, M. Cotton gave to a man, aged 45, who had suffered for twenty-three years from distressing frequency of micturition, his urine being also very alkaline, from ammonico-magnesian phosphate, and albuminous, an infusion of half a drachm of logwood night and morning. In ten days the urine had become acid and free from crystals of the triple phosphates. The proportion of albumen was not changed, but there was a marked diminution in the frequency of micturition.—*Irish Hospital Gazette*, June 15, 1875.

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Transfusion.—Successful cases of this operation are mostly surrounded by doubts; for it may always be asked whether the reviving means used before the operation had not the largest share in the recovery. Be this as it may, we should keep an account of the cases which end favourably. One of this kind occurred lately in Paris, at the Maison Municipale de Santé, under the care of M. Férgol. It

referred to a lady of forty, who, after several miscarriages, was imprudent enough to undertake a voyage from New York to France, being far gone in pregnancy. She was confined on board the vessel, had considerable hemorrhage, but nursed her child, and, though weak, proceeded from Havre to Paris. There she had severe loss of blood, and was conveyed to the above-mentioned hospital (a most useful institution for persons of some means, as the patients pay more or less according to the accommodations they require). Here the lady became fearfully anæmic, and the hemorrhagic attacks became more frequent, in spite of ergot, brandy, and bark. At last she was so reduced, and the loss of blood so frequent, that plugging, compression of the aorta, and binding up of the limbs were practised, but all to no purpose. At last transfusion was performed, the blood being obtained from a young ward attendant, in good health, who kindly volunteered his services. About six ounces were thrown into the patient's median-cephalic, with a little loss, by means of Matthieu's apparatus. For about thirteen days the greatest care was taken of the patient, and the pulse, temperature, and the proportion of globules were carefully noted. She gradually recovered, and left the hospital six weeks after admission, and thirty-six days after the transfusion, which had been effected with *undefibrinated* blood. It will occur to every one that the simplest apparatus should, if possible, be used; that one such apparatus should be kept in every hospital; that it should be easily obtained at a surgical instrument maker's; and that all surgeons, young and old, should be well practised in the different steps of the operation.—*Lancet*, June 19, 1875.

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Ovarian Cyst of Thirty-four Years' Duration; Tapping performed Twenty-four Times; Ovariotomy.—Dr. BOUYER, of Angouléme, relates a case of this in a woman aged forty-nine years. Notwithstanding the long continuance of the disease, there was no adhesion between the ovarian sac and the abdominal parietes. On the sixteenth day the incision had entirely healed. The patient then imprudently exposed herself for many hours to extreme cold, which resulted in pneumonia, ending fatally.—*L'Union Médicale*, June 24th, from *Gaz. Méd. de Bordeaux.*

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Influence of the Bronchitic Secretion on the act of Death.—The veteran, M. PIORRY, read before the Academy of Medicine (June 15) a paper on this subject. He argued that its presence, even in such quantity as to cause merely lessened elasticity and crepitation of the lung substance, constituted the last, and finally efficient, link in the chain of the causes of death, and that the recognition of this is of practical as well as pathological importance. A lung which crepitates and remains voluminous when removed from the body is in an essentially morbid state, and to regard it, as is often done, as healthy, is to consider as normal a state which is, in fact, the immediate cause of death. In the cases to which M. Piorry seems especially to refer, those in which the amount of fluid in the lung-tissue is so trifling as hitherto to have been considered normal because almost always found after death, we doubt whether this last is not also the least in the chain of causes, and whether the practical disregard of it has the grave diagnostic and therapeutical consequences he suggests.—*Lancet*, June 26, 1875.

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Professor Dittell on introducing the whole Hand into the Rectum.—At a meeting of the Vienna Medical Society, at which a paper was read advocating this practice as a good one for examining the condition of the bladder from behind, Prof. DITTELL warned the members that this procedure of Simon's, which has of late been much practised, is attended with considerable danger, as not only laceration of nerves and vessels may take place, but, when narrow, the rectum itself may be ruptured —an instance of which he alluded to. When the sphincter is in a normal state, the procedure is a very troublesome and painful one for the practitioner, who feels as if his hand were surrounded by an Esmarch tube, it seeming as if frozen and useless. To enter the rectum in this way

great force is required, and it is a violent procedure which can only be justified in some cases in which all other measures fail.—*Med. Times and Gazette*, June 19, 1875.

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Case of Bulimia.—Dr. LUBELSKI, of Warsaw, has forwarded to the Paris Académie de Médecine the particulars of a remarkable case of bulimia occurring in a woman twenty-six years of age, usually enjoying good health. She had been married but two months when she was seized suddenly with nervous symptoms, which were at first attributed to probable pregnancy. But at the same time came on an insatiable appetite and devouring hunger, so that the woman would eat from fourteen to sixteen pounds (Russian?) of meat daily. Neither sugar nor albumen were found in the urine. She grew enormously fat, so that she became unable to walk, and weighing about 250 lbs. All known therapeutical agents were tried in vain, and it was found that there was quite an abnormal tolerance of poisonous substances. Neither tænia nor any other form of helminthiasis existed, nor, indeed, any pathological condition which offered a clue for treatment, although the occurrence of convulsive paroxysms when she was not supplied with food seemed to indicate some kind of nervous affection. M. Lubelski, wishing to have the opinion of the Academy on the nature of the case and the treatment to be pursued, a committee was appointed to report upon it, consisting of MM. Béclard, Personne, and Vulpian.—*Med. Times and Gaz.*, June 12, 1875.

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Necrometer.—BOUCHERT found, by examination of 1100 men (living, dead, and in a trance), that no corpse has a higher temperature than 20° Cent. (68° Fahr.). He constructed a thermometer (alcohol) in such a way that the alcohol does not become visible before 20° Cent. has been reached. Even a child will be able to tell whether life be extinct or not.—*Am. Journ. Pharmacy*, July, 1875, from *Arch. f. Pharm.*, May, 1875.

Eucalyptus Globulus.—The result of extensive administration of this article in intermittent fever has hardly corroborated the promise of early experience; but it is interesting to find that its alleged influence on malaria has received some substantial confirmation. Dr. Cosson recently announced that its effect in Algeria had been very marked. Since the growth of plantations of this tree around the lake of Fezzara, the malaria which formerly was intense has almost disappeared.

The village of Ain Mokra, according to Captain Ney, furnishes an equally striking instance. The station was formerly so unhealthy that it was necessary to change the French garrison every five days on account of the number of men attacked. Fever has, however, become much more rare since plantations of Eucalyptus globulus have been made on the shores of the lake and the sides of the railway, which include altogether 60,000 trees. A writer in the *Temps* mentions a still more singular effect—namely, that parasites (phylloxera, etc.) disappear from vines growing near the eucalyptus. The experiment, made during several years and in several vineyards, had been uniform in its result.

It is interesting, in connection with these facts, to observe that the leaves of this plant contain an ethereal oil, of which even half-dried leaves contain 6 per cent., and that this oil, according to Gimbert, is a very powerful antiseptic. It will preserve blood and pus as long as carbolic acid (five months and more), and far longer than oil of turpentine. It prevents also the appearance of fungi or vibrios. These observations have received independent confirmation from Binz, in Germany.—*Lancet*, July 3, 1875.

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OBITUARY RECORD.—Died, at Montmorency, June 21, of organic disease of the stomach, Dr. DEMARQUAY, in the 61st year of his age. Dr. D. was of humble origin, but became one of the most eminent and successful of French surgeons. He accumulated a large fortune, a considerable portion of which he had bequeathed for charitable and scientific purposes.

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Of Dr. Parrish's great work on pharmacy it only remains to be said that the editor has accomplished his work so well as to maintain, in this fourth edition, the high standard of excellence which it had attained in previous editions, under the editorship of its accomplished author. This has not been accomplished without much labor, and many additions and improvements, involving changes in the arrangement of the several parts of the work, and the addition of much new matter. With the modifications thus effected, it constitutes, as now presented, a compendium of the science and art indispensable to the pharmacist, and of the utmost value to every practitioner of medicine desirous of familiarizing himself with the pharmaceutical preparation of the articles which he prescribes for his patients.—*Chicago Med. Journ.*, July, 1874.

The work is eminently practical and has the rare merit of being readable and interesting, while it preserves a strictly scientific character. The whole work reflects the greatest credit on author, editor, and publisher. It will convey some idea of the liberality which has been bestowed upon its production when we mention that there are no less than 280 carefully executed illustrations. In conclusion, we heartily recommend the work, not only to pharmacists, but also to the multitude of medical practitioners who are obliged to compound their own medicines. It will ever hold an honored place on our own book-shelves.—*Dublin Med. Press and Circular*, Aug. 12, 1874.

With these few remarks we heartily commend the work, and have no doubt that it will maintain its old reputation as a text-book for the student, and a work of reference for the more experienced physician and pharmacist.—*Chicago Med. Examiner*, June 15, 1874.

Perhaps one, if not the most important book upon pharmacy, which has appeared in the English language, has emanated from the transatlantic press. "Parrish's Pharmacy" is a well-known work on this side of the water, and the fact shows us that a really useful work never becomes merely local in its fame. Thanks to the judicious editing of Mr. Wiegand, the posthumous edition of "Parrish" has been saved to the public with all the mature experience of its author, and perhaps none the worse for a dash of new blood.—*London Pharm. Journal*, Oct. 17, 1874.

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To be without a copy of "Griffith" for reference, is tantamount to being without a work on practice.—*Western Lancet*, March, 1874.

We regard this as the best work on the subject of which we have any knowledge.—*Cincinnati Lancet and Observer*, April, 1874.

Altogether, we consider it to be the best book upon this subject with which we are acquainted.—*Nashville Med. and Surg. Journ.*, April, 1874.

This useful work has undergone a thorough revision, the new edition embracing all the changes which have been introduced into the latest editions of the United States, British, German, and French Pharmacopœias. Much obsolete matter has been omitted, and still it has been found necessary to add nearly one hundred and fifty pages to the volume. It is a work which no physician or pharmaceutist should be without.—*Peninsular Journal of Med.*, April, 1874.

A more complete formulary than it is in its present form, the pharmacist or physician could hardly desire. To the first some such work is indispensable, and it is hardly less essential to the practitioner who compounds his own medicines. Much of what is contained in the introduction ought to be committed to memory by every student of medicine. As a help to physicians it will be found invaluable.—*Am. Practitioner*, July, 1874.

The work does great credit to its author and editor, and will prove an excellent work of reference to the physicians and druggists—especially to those of the United States.—*Edinburgh Med. Journ*, Feb. 1875.

HENRY C. LEA, Philadelphia.